(507) 364-8040
FAX (507) 364-5815

# LAMB Processing Order

**Name:** _____ **Date:** _____

**Address:** _____ **Phone:** _____

**Meat Processe.** _____

**Live Weight:** _____ **Hanging Weight:** _____

| | THICKNESS | SIZE OF PKG |
|---|---|---|
| CHOPS | | |
| FRONT SHOULDER | | |
| STEAKS | | |
| ROASTS | | |
| LEG OF LAMB | | |
| ROASTS | | |
| STEAKS | | |
| LAMB SHANKS | | |
| SPARE RIBS | | |
| KIDNEYS | | |
| LIVER | | |
| HEART | | |
| TONGUE | | |
| LAMB TRIM | | |
| GROUND LAMB | | |
| LAMB BI STEW | | |
| LAMB BNLS STEW | | |

OTHER _____